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Director

State of California—Health and Human Services Agency  
**Department of Health Services**



GRAY DAVIS  
Governor

October 6, 2003

TO: ALL COUNTY WELFARE DIRECTORS Letter No. 03-49  
ALL COUNTY ADMINISTRATIVE OFFICERS  
ALL COUNTY MEDI-CAL PROGRAM SPECIALISTS/LIAISONS  
ALL COUNTY HEALTH EXECUTIVES  
ALL COUNTY MENTAL HEALTH DIRECTORS

SUBJECT: NEWBORN ENROLLMENT, NEWBORN REFERRAL FORM  
PROCEDURES, AND DEEMED ELIGIBILITY  
(Reference: ACWDL 98-32)

The purpose of this letter is to review the existing procedures for confirming the eligibility of an infant born to a mother who is eligible for and receiving Medi-Cal. These procedures apply to all infant referrals made to the county, whether by telephone, coming into the county office, or through the Newborn Referral form (MC 330). This letter will introduce the revised MC 330 and clarify the original information distributed about the form (see Enclosure).

This letter also clarifies that an infant's deemed eligibility is unaffected by the failure of the mother to cooperate on her own behalf or to complete an annual redetermination should one be required for the mother's own eligibility (see page 12).

Overview of Newborn Enrollment

Infants born to mothers who were eligible for and receiving Medi-Cal at the time of birth may be enrolled in Medi-Cal without an application as described in the section below entitled, "Deemed Eligibility." For purposes of this requirement, mothers who had Medi-Cal without a share of cost or who had a share of cost that was met in the month of birth are Medi-Cal eligible. Their infants may be enrolled by use of the Newborn Referral Form described later in this letter or by a phone call, letter, or other contact with the county that provides the infant's name, gender, and date of birth, as long as the county can link the infant to the mother's Medi-Cal Eligibility Data System (MEDS) record or to a county Medi-Cal case. A mother under 21 who has Medi-Cal and lives in the household of her parents may also use this process to enroll her infant.



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[www.consumerenergycenter.org/flex/index.html](http://www.consumerenergycenter.org/flex/index.html)

A mother calling the county to report the infant's birth shall not be required to sign any forms nor visit the county in person nor complete the Newborn Referral Form.

### Deemed Eligibility

Title 22, California Code of Regulations (22 CCR) Section 50262.3 ("Continued Eligibility Program for Pregnant/Postpartum Women and Infants") provides that infants born to women eligible for and receiving Medi-Cal at the time of birth are automatically deemed eligible for one year without a separate Medi-Cal application or Social Security number (SSN). This regulation also provides that such infants shall remain eligible, regardless of any increases in the family's income, as long as the infant continues to live with his/her mother and the mother remains eligible for Medi-Cal or would have remained eligible if she were still pregnant.

Because there are other continuous eligibility provisions now in Medi-Cal and to emphasize the deemed eligibility aspect for infants, this continuous eligibility provision known as CE for infants is now being referred to as deemed eligibility.

***Important: A mother who is concurrently eligible for the Income Disregard program and Medi-Cal with share of cost program does not have to meet the share of cost for her infant to be deemed eligible. Enrollment by the mother in the Income Disregard program entitles the infant to deemed eligibility if the infant is otherwise eligible to be deemed.***

Under deemed eligibility, the county generally will confirm the infant's eligibility for the birth month on the same basis as the mother's no cost or share of cost eligibility, except that an infant covered under the mother's card receives full-scope benefits even if the mother has restricted benefits.

For example, if the mother was in the Income Disregard program, the infant is also in the Income Disregard program. As another example, if the mother was in the Medically Needy/Medically Indigent (MN/MI) program with a share-of-cost that she met in the month of the infant's birth and she was not concurrently eligible for the Income Disregard program because her income was too high, the infant would be added to her case with that same share of cost. Because this mother would have a property evaluation under the MN/MI program even if she were still pregnant, the infant can remain eligible only if the mother remains (or if pregnant, would remain) property eligible. (See the section below entitled "Continuity of Deemed Eligibility".)

***Note: Although income increases are disregarded for the baby during the deemed eligibility period, income decreases are considered and generally reduce***

***any share-of-cost or may require transfer to a no-cost program such as the Income Disregard program.***

In some situations, generally when there are other MN/MI family members, counties add infants to the no share-of-cost MN/MI program instead of to the Income Disregard program. Please note that an infant in the MN/MI program with a zero share of cost is also considered eligible for the 200 Percent federal poverty level program for infants and therefore eligible for the Continuous Eligibility for Children (CEC) program. For details concerning CEC, please see All County Welfare Directors Letters (ACWDL) Numbers, 01-01, 01-40, 02-14, 02-20.

The situation is different when the mother is on the Supplemental Security Income (SSI) program. Although the infant is deemed eligible, the infant cannot be put into an SSI-based Medi-Cal aid code regardless of the mother's SSI-based Medi-Cal eligibility. If there are other family members on Medi-Cal-Only or other family members who are now requesting Medi-Cal (such as the infant's father), the infant is included in their family budget unit and eligibility is determined under regular Medi-Cal eligibility determination rules as long as this does not delay the infant's coverage. That is, the infant and other family members would be evaluated first for the Section 1931(b) program, next for the MN/MI program, and then for the Income Disregard program if the infant would have a share of cost. If no other family members are on Medi-Cal-Only or a family determination would delay the infant's coverage, the infant is to be evaluated under the Income Disregard program right away since that program does not include a property component.

#### Mother Requests Medi-Cal for Only the Retroactive Eligibility Period

If a mother applies for Medi-Cal for only the retroactive period that includes the infant's birth month, the county must first determine the mother's eligibility. If she is eligible for Medi-Cal in the birth month with no share of cost or with a share of cost that was met, the infant is deemed eligible as of that birth month.

#### Continuity of Deemed Eligibility

As stated above, Section 50262.3 (22 CCR) provides that an infant's deemed eligibility continues up to the age of one as long as the infant lives in the mother's household and the mother remains Medi-Cal eligible or would remain eligible if she were still pregnant. If these requirements are met, the infant continues as deemed eligible until age one, unless the mother or other parent who lives with the infant requests the infant's discontinuance.

Deemed eligibility stops if the infant stops living with the mother or the mother and infant move out of state. Deemed eligibility cannot be reestablished at a later date even if the infant returns to live with the mother or they return to California while the infant is still under age one.

#### Deemed Eligibility and Continuous Eligibility for Children (CEC)

Deemed Eligibility and CEC are two different provisions in the Medi-Cal program. They have different requirements and may run concurrently in one or more months as long as each set of requirements is met. The fact that one provision is no longer applicable may have no bearing on the applicability of the other provision.

For example, assume in the month of birth that an infant resides with his/her mother in California and the mother is in a no cost Medi-Cal program, which means the baby is deemed eligible for no cost Medi-Cal. The infant meets both CEC and deemed eligibility requirements in that month and will remain in both until age one as long as both sets of requirements are met. Even if deemed eligibility is discontinued prior to the infant's first birthday, CEC will likely continue until age one.

As another example, assume an infant is born to a mother who met her share of cost in the month of birth. The infant is deemed eligible for the share-of-cost program, but is not eligible for CEC. Assume that family income drops before the infant's first birthday so that the infant then becomes eligible for CEC. If the infant leaves the mother's household, the infant's deemed eligibility is discontinued, but the infant still has CEC until his/her first birthday.

#### Medi-Cal Manual of Procedures (Section 5H – County Contact)

Section 5H of the Medi-Cal Manual of Procedures specifies county responsibilities during a woman's pregnancy and after the estimated birth month. To summarize, counties are to instruct pregnant women to contact the county once the infant is born in order for the county to verify the infant's name, date of birth, and that the infant is residing with the mother. The county is to then report the infant to MEDS so that DHS will issue the infant his/her own card.

If the woman does not report the infant's birth before the end of the expected birth month, the county must contact the woman by the end of the following month. The county must document at least two attempted contacts with the woman and follow SB 87 procedures before discontinuing the mother and any other family members. (Refer to ACWDLs 01-36, 01-39, and 02-59.)

### Whereabouts Unknown

If the mother's and infant's whereabouts become unknown, the county may discontinue the infant and mother with a notice of action after following SB 87 procedures for loss of contact. However, if their whereabouts become known, and the infant remained in California continuously since the discontinuance for whereabouts unknown, the following applies.

#### 1. Restoring Eligibility in Prior Months

The county must restore the infant's deemed eligibility case back to the date of discontinuance and through the current month. Even if the infant turned one year or ceased to reside with the mother at some point during the period of discontinuance, the infant's eligibility is uninterrupted because no timely notice of action was given.

#### 2. Determining Ongoing Eligibility for Future Months

If deemed eligibility requirements were met in every month of the discontinuance period, the county must determine whether the deemed eligibility requirements are expected to be met in the future month. If they are expected to be met, deemed eligibility continues. However, if the county determines that the infant did not meet the deemed eligibility requirements in any of these prior months, the county must determine whether the infant has Medi-Cal eligibility on any other basis. If there is no other basis for eligibility, notice must be given and the infant's eligibility can be discontinued.

### County Responsibilities Concerning Infant Referrals

County welfare directors are responsible for ensuring that these requirements are met, regardless of the basis for the pregnant woman's eligibility. Some counties may wish to set up a Medi-Cal Only case for an infant born to a California Work Opportunity and Responsibility to Kids (CalWORKs) mother when the infant cannot be added immediately to the CalWORKs case. For example, if a pregnant woman is receiving Medi-Cal on the date of the infant's birth on the basis of eligibility for Section 1931(b) CalWORKs, her infant is deemed eligible and counties must apply the above requirements in the same manner as if the woman had been receiving non-cash based Medi-Cal. For details, please see the section below entitled, "CalWORKs."

As another example, assume a woman calls her county to report the birth of her infant and the county verifies the mother was an SSI recipient on the date of the infant's birth. The county must obtain sufficient information to establish deemed eligibility on MEDS for that infant without a separate application. The county shall open the infant's case

with the minimum information required by MEDS, such as the infant's name, gender, and date of birth. The county may include any other available information reported by the mother, such as the address, which should be contained on the mother's MEDS record.

Counties are also reminded of the promptness requirement pursuant to 22 CCR, Section 50177. Since the infant is deemed to have applied and been found eligible, the county is required to add the child to Medi-Cal as quickly as possible following the date of the reported birth. As stated in SB X1 26 (Chapter 9, Statutes of 2003, 1<sup>st</sup> Extraordinary Session), it is the goal of the Department of Health Services (Department) to establish best-practice guidelines for expedited enrollment of newborns into the Medi-Cal program within ten days after the county is informed of the birth. An exception may be made if the mother's case is inactive and the county has good cause for needing more time, but the child should still be added as quickly as possible and no later than 45 days following the date the county is informed of the birth.

#### Other County Enrollment Reminders

The items listed below are not to be requested to enroll infants when the county confirms that the infant's mother had Medi-Cal in the birth month, regardless of whether the mother's case is active or inactive at the time the infant is referred.

1. Birth Certificates;
2. SSNs;
3. Income Documentation;
4. Immigration Status Form (MC 13); and
5. Medical Support Questionnaires.

Special procedures for the counties to follow when the mother's case is inactive are discussed later in this letter.

**Reminder: An infant has full-scope coverage under the mother's Medi-Cal number during the month of birth and the month after, even if the mother's coverage was limited.**

The county may ask whether the infant has Other Health Coverage, but deemed eligibility cannot be denied or discontinued for failure of a parent to provide such information.

### Newborn Referral Form – MC 330

In 1998, the Department developed a simple referral form as required by Welfare and Institutions Code Section 14011.4. This form is to facilitate the provision of automatic and continuous eligibility for infants that are born to and continue to live with Medi-Cal eligible mothers pursuant to Section 1902 (e)(4) of Title XIX of the Social Security Act. The form can be used by hospitals, clinics, urgent care centers, independent nurse-midwives, outreach workers, Women, Infants and Children (WIC) groups, and others acting on the mother's behalf. It is to be mailed or faxed to the county for processing. The Department has begun to inform these groups about this form and its use through meetings with stakeholders.

Parents, however, do not solely have to rely upon their physician, clinic, hospital, or others to mail the form to the county. Parents can also fax or mail the form to the county if it is their preference. If complete, there is enough information to add the infant to the mother's case.

Please note that this form and other methods of referral (e.g., phone call) also may be used for infants whose mothers have not met their shares of cost in the birth month. Although these infants are not deemed eligible, counties must also act upon that information to add the infant to the mother's case with only minimal information such as the infant's name, gender, and date of birth. Under Title 22, CCR 50149(e)(4), an application is never required to add a family member to a case. Generally, the Newborn Referral Form will contain enough information to add the infant to the mother's case, but should additional information be needed, the county should follow a process similar to the SB 87 procedures, including the ex-parte review, phone contact, and the MC 355.

In Section B of the MC 330 form, a signature by the mother, other parent, relative, or guardian of the infant is needed to authorize the release of information. If someone other than the parent, relative, or guardian completes the MC 330, his/her signature is required in Section C.

### Centralized Location for Receiving the Newborn Referral Form

When the Newborn Referral Form process was created, counties were required to provide a centralized location for receiving the forms. With the establishment of the Healthy Families/Medi-Cal joint mail-in application, counties had already established a centralized receiving point. Counties were told that they could use the existing Healthy Families/Medi-Cal mail-in application site or they could provide an alternate reception point for the Newborn Referral form. This means that each county is to have only one address for the receipt of Newborn Referral forms returned by mail. Counties are to

also provide a fax number for receipt of the Newborn Referral forms that are faxed instead of mailed.

#### County Processing of Newborn Referral Forms and Infant Referrals

The procedures contained in ACWDL 98-32, dated August 11, 1998 ("Newborn Referral Form") remain in effect. They are repeated below in further detail. Counties are to apply these procedures once the Newborn Referral form is received in the appropriate county.

As described above, the purpose of this form is to facilitate enrollment of deemed eligible newborns into Medi-Cal. However, it is the Department's intent that coverage of all newborns and infants is to be facilitated, even if the Newborn Referral Form is not the method used to refer the newborn or infant to the county.

**Therefore, these procedures have been expanded so they can apply to any type of newborn or infant referral received.**

1. Check to see whether the mother's Medi-Cal identification number (ID) or SSN is on the referral form or otherwise provided. If so, use this number to check for a Medi-Cal case.
2. If the Newborn Referral form does not include a Medi-Cal ID or mother's SSN, the county should follow the SB 87 procedures, including ex-parte review (e.g., when the eligibility worker knows the mother or other members of the infant's family have a Medi-Cal or Food Stamps case, etc.). If additional information is needed after the ex-parte review, counties should use contact information provided elsewhere on the form (mother's phone number and mailing address, provider or other who faxed/mailed the form, etc.) to try to get the mother's number. In many cases the mother's number will have been omitted by mistake.
3. Check the county's system and MEDS to determine whether the mother has active Medi-Cal. If the case is active, the county can use the information from the form or from any other source (such as the mother's phone call) that has provided the infant's name, date of birth, and gender to now add the infant to the mother's case as long as the infant resided with his/her mother in the birth month. If the mother is on SSI and there are no other family members on Medi-Cal, the county may establish a case with a copy of the MEDS record of the mother and the Newborn Referral Form that was either referred to the county or one that is completed by the county using information that has been provided in another manner.



After adding the infant to the case, the county will send the appropriate standard reminder notices to the mother (e.g., a reminder to apply for an SSN before the infant reaches age one, etc.).

***Reminder: If the mother's coverage was for restricted benefits only, the infant who was born in the United States is eligible for full-scope benefits.***

4. If the county system and/or MEDS show that the mother has an inactive case when the infant is referred, the county eligibility worker will need to determine whether the infant had deemed eligibility on the date of his/her birth by reviewing whether the mother was Medi-Cal eligible at the time of the birth and whether the infant lived with the mother in California in the birth month. If so, the infant's deemed eligibility status is to be established and the infant's Medi-Cal is to be granted as of the birth month and up to the current month as soon as the county confirms the mother's eligibility in the birth month.

Counties may not delay the infant's deemed eligibility to seek out information about whether the infant resided continuously with the mother in California in the months following the birth month or whether the mother remained eligible or would have remained eligible if pregnant, since without a redetermination and timely and adequate notice in the prior period, there cannot have been a discontinuance.

As discussed in "Whereabouts Unknown" above, failure to meet deemed eligibility requirements in prior months only can affect the infant's future eligibility. That is, if the infant has not resided continuously with the mother in California since birth, the infant no longer qualifies for ongoing deemed eligibility. If a redetermination is necessary and the county cannot establish the infant's eligibility under CEC or any other Medi-Cal program, a timely and adequate notice of action must be given before the infant's future eligibility can be discontinued.

Example: The County receives a newborn referral form for a six-month old infant. Upon checking the county system and/or MEDS, the county determines that the case is currently inactive and that the case was discontinued for whereabouts unknown two months after the expected due date of the infant. The county followed all procedures to make contact with the mother and SB 87 procedures were followed. Further investigation finds that at the time of birth the infant resided with his/her mother and the mother was eligible for Medi-Cal under the Income Disregard Program. The county now has all the information necessary to grant the infant full-scope Medi-Cal under the Income Disregard Program from the birth month until the current month. Furthermore, as long as the infant met all deemed eligibility

requirements in those prior months, the infant will remain deemed eligible until age one as long as he/she continues to meet deemed eligibility requirements.

Example: The County receives a newborn referral form for a six-month old infant. Upon checking the county system and/or MEDS, the county determines that the case is currently inactive and that the case was discontinued for whereabouts unknown two months after the expected due date of the infant. The county followed all procedures to make contact with the mother and SB 87 procedures were followed. Further investigation finds that at the time of birth the mother was eligible for Medi-Cal with a share of cost (but was not concurrently eligible for the Income Disregard program) and the infant resided with her. The share of cost was met in the birth month. The county must establish deemed eligibility for the infant from the date of birth until the current month under the MN program with the same (or lesser) share of cost as the mother's at the time of the infant's birth. Furthermore, in this example, because SB 87 requirements were followed, the county correctly discontinued the mother from Medi-Cal for whereabouts unknown.

The infant's eligibility status for the prior months remains established regardless of whether the infant lived with his/her mother in the months after the birth month or whether or not the mother remained eligible or would have remained eligible if pregnant, as no eligibility redetermination for other Medi-Cal programs was performed nor was a timely notice of action issued to the infant. However, the loss of the mother's Medi-Cal eligibility during these prior months (for example, if she had excess property) or if the infant did not live continuously with her in California has an impact upon the infant's deemed eligibility for the future month. If the infant did not meet deemed eligibility requirements in the prior months or the infant is not expected to meet deemed eligibility requirements in the future month, deemed eligibility should be discontinued.

In both of the above examples, before any termination action can be taken, the county must first determine whether the infant is currently eligible under any other Medi-Cal program or provision such as CEC. If the Newborn Referral itself does not provide sufficient information to make a redetermination of eligibility under any other Medi-Cal program, the county is to use the ex-parte and other SB 87 procedures in making the redetermination. If the infant can no longer be deemed eligible nor is redetermined eligible under any other Medi-Cal program, timely and adequate notice of action must be given before the infant's Medi-Cal eligibility for future months is terminated.

The county should refer the family (if authorized) to the Healthy Families Program if the infant has a share of cost or is ineligible for Medi-Cal and appears to be otherwise eligible for Healthy Families.

5. If the Medi-Cal ID or the mother's SSN provided with the infant referral during the birth month or the month after results in a "no record found" response on MEDS, the county should continue to check MEDS daily so that the infant is not left without coverage at the end of the month following the month. The mother's Medi-Cal case may be new and not yet entered onto MEDS. If MEDS shows an active case within 45 days, the county must establish the infant's eligibility as provided in this letter. This 45-day period is not a waiting period and does not preclude the county from contacting the mother, for example, to find out when or where she applied for Medi-Cal or whether there was a mistake in the Medi-Cal ID or SSN that was provided, etc. If the referral is made after the end of the month following the birth month, counties should take other steps to establish the infant's eligibility, such as calling the mother to make sure the correct Medi-Cal ID or SSN was given or to find out when and where she applied for Medi-Cal.

If additional attempts to correct or obtain information to add the infant have failed and MEDS still does not show an active Medi-Cal case after the 45-day period, the Department suggests that the county notify the parent(s) by mail that no case was found with the information provided. Counties may, but are not required, to send a Medi-Cal application with this informing letter.

#### CalWORKs Processing for Infants

There has been a long-standing concern about enrolling infants born to CalWORKs mothers because full verification required by CalWORKs is not usually available at the time the birth is reported. This concern has been addressed by the California Department of Social Services in All County Letter (ACL) Number I-03-046 dated September 24, 2003. This ACL instructs counties to authorize CalWORKs cash aid and Medi-Cal immediately upon notification of the infant's birth, name and gender.

#### Cases Referred by the Healthy Families Program (HFP)

When the HFP is covering children in a family and the non-Medi-Cal mother calls the HFP to report the birth of an infant, the HFP operator completes a special "add-a-person" form and determines whether that infant is eligible for the HFP. If the infant is not HFP eligible but is screened eligible for no-cost Medi-Cal (income appears to be

under 200 percent of the federal poverty level), then the HFP provides this information to the Single Point of Entry (SPE).

SPE then establishes accelerated enrollment (AE) for the infant until the county completes the Medi-Cal determination.

The HFP also forwards the "add-a-person" form to the county along with the most recent copy of the application or annual eligibility review form for those children who are eligible for the HFP. The county should use these forms to determine the infant's Medi-Cal eligibility and establish a case for the infant.

Once the Medi-Cal determination is made (whether regular Medi-Cal is or is not established), the county reports this information to MEDS and AE is discontinued.

#### Redeterminations

In most situations, the family's annual redetermination will occur during an infant's deemed eligibility period. The infant, as part of the family, will be given the same annual redetermination date as the rest of the family and will have his/her annual redetermination completed along with the family's, even if the family's annual redetermination date is before the infant's first birthday. However, as long as the infant continues to live with the mother in California and the mother remains eligible or would remain eligible if pregnant, deemed eligibility must continue until age one regardless of any adverse actions that may apply to the rest of the family. If deemed eligibility ends because the infant no longer lives with the mother, counties must follow regular Medi-Cal rules for changes in circumstances, including the SB 87 procedures. As explained earlier in this letter, deemed infants with no share of cost in the month of birth are continuously eligible for one year even if their deemed status ends as long as they meet the requirements of CEC.

**Important: We have been advised by the Centers for Medicare and Medicaid that failure of the mother to complete her annual redetermination does not affect the infant's deemed eligibility. Her failure to cooperate may affect only her own eligibility and that of other family members. Counties should follow regular Medi-Cal requirements for the mother and other family members should this occur.**

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If you have questions or concerns about this letter, please contact Ms. Sherilyn Walden of my staff at (916) 552-9502 or via e-mail at [Swalden@dhs.ca.gov](mailto:Swalden@dhs.ca.gov). If you have any questions about the newborn enrollment into CalWORKs, please contact Ms. Rosie Avena at (916) 654-1514.

Original signed by

Beth Fife, Chief  
Medi-Cal Eligibility Branch

Enclosures



# NEWBORN REFERRAL

## (NOT AN APPLICATION FOR MEDI-CAL)

(PLEASE USE INK AND PRESS FIRMLY.)



The Newborn Referral Form is used to assist a Medi-Cal eligible mom to report the birth of her child(ren) to Medi-Cal. By completing the information on this form, you help the county confirm the eligibility of the newborn. Mail or fax this form to the county. County information is located on the back of this form. Any changes to the household must be reported to the county, so, turn in this information quickly. The mother may also report the birth by phone to her eligibility worker. If you are acting on behalf of the mother and are not a spouse, relative, or guardian, then your signature and identifying information is required in Section C. If entering through Gateway Program enter the BIC number assigned to the infant (**optional**).

**SECTION A** *The mother's Medi-Cal card can be used during the birth month and the month following for services and billing for the newborn.*

Mother's name (first, MI, last)		Mother's date of birth	BIC or Medi-Cal ID number or SSN
Mailing address (number and street) or location			County
City	State	ZIP code	Telephone number (       )

**SECTION B** *Reminder: A child born to a mother with restricted benefits is eligible for full-scope benefits.*

Newborn name (first, MI, last)	Date of birth (month/day/year)	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Optional—Gateway ID number
Newborn 2 name (first, MI, last)	Date of birth (month/day/year)	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Optional—Gateway ID number
Newborn 3 name (first, MI, last)	Date of birth (month/day/year)	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Optional—Gateway ID number
Where born (hospital name, clinic name, etc.)			

Address (number and street, if available)	City	State	ZIP code
Will baby and mother live in the same household? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, has the mother given up rights to the newborn child? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, date child(ren) given up:   ____/____/____			

***This form does not start Medi-Cal, CalWORKs, or Food Stamp benefits. If you currently get these benefits, you must contact your eligibility worker to continue getting these benefits.***

*I hereby authorize release of this information to the County Department of Social Services/county welfare department.*

Date of request	Parent/Relative/Guardian (of the infant) signature
	<input checked="" type="checkbox"/>

**SECTION C** *(Fill in this section if form was completed by person other than parent, relative, or guardian.)*

Completed by (PLEASE PRINT)	Title
Medi-Cal ID number (If Medi-Cal provider/hospital/clinic/group, etc.)	Telephone number (       )

*I certify to the best of my knowledge that the information above is verified and accurate.*

Signature (person other than parent, relative, or guardian)	Date completed
<input checked="" type="checkbox"/>	

For provider billing inquiries concerning or how to bill for infants, call the EDS Billing Hotline at 1-800-541-5555.

# Newborn Referral County Central Location Phone List

	Department Name	County Number	FAX Number	Department Name	County Number	FAX number
1	Alameda Co Social Services Agency	510-208-1081	510 267-9468	30 Orange Co Social Services Agency		714-245-6188
2	Alpine Co Department of Social Services	530-694-2235	530-694-2252	31 Placer Co Health and Human Services	530-889-7617	530-889-6826
3	Amador Co Department of Social Services	209-223-6631	209-223-6579	32 Plumas Co Department of Social Services	530-283-6350	530-283-6368
4	Butte Co Department of Social Services	None	530-879-3468	33 Riverside Co DPSS/APD Section	909-358-3000	909-358-3990
5	Calaveras Co Work & Human Services Agency	209-754-6447	209-754-6543	34 Sacramento Co Dept of Human Asst/Newborn Referral	916-395-4551	916-875-3591
6	Colusa Co Department of Health & Human Services	530-458-0264	530-458-0492	35 San Benito Co Human Services Agency	831-637-5336	831-637-9754
7	Contra Costa Co Employment & Human Services	None	925-313-1758	36 San Bernardino Co DPSS	909-388-0280	909-383-9714
8	Del Norte Co Dept of Health and Social Services	707-464-3191	707-465-1783	37 San Diego Co DHHS /DSS	619-338-2335	858-514-6899
9	El Dorado Co Department of Social Services	530-642-7277	530-626-9060	38 San Francisco Co Department of Human Services	415-558-1994	415-558-1841
10	Fresno Co Human Services System	None	559-253-9250	39 San Joaquin Co Human Services Agency	209-468-1487	209-468-1985
11	Glenn Co Human Resources Agency	None	530-934-6521	40 San Luis Obispo Co Dept of Social Services	805-781-1600	805-781-1846
12	Humboldt Co Department of Social Services	707-441-2047	707-441-5600	41 San Mateo Co Human Services Agency	650-535-7570	650-595-7576
13	Imperial Co Department of Social Services	760-337-6800	760-370-0492	42 Santa Barbara Co Department of Social Services	805-681-4528	805-737-7098
14	Inyo Co Department of Social Services	760-872-1394	760-872-4950	43 Santa Clara Co Social Services Agency	831-763-8509	408-436-5493
15	Kern Co Department of Human Services	805-631-6046	661-631-6631	44 Santa Cruz Co Human Resources Agency	831-454-4316	831-763-8630
16	Kings Co Human Services Agency ext 2270	209-583-3241	559-584-2749	45 Shasta Co Department of Social Services	530-225-5750	530-225-5087
17	Lake Co Department of Social Services	707-995-4201	707-995-4204	46 Sierra Co Social Services	530-993-6720	530-993-6741
18	Lassen Co WORKS	530-251-8346	530-251-8370	47 Siskiyou Co Human Services	530-841-2752	530-841-2790
19	Los Angeles Co M/C Mail-In Application Center	213-741-8149	213-743-7254	48 Solano Co Health & Social Services	707-553-5311	707-421-7237
20	Madera Co Department of Social Services	209-675-2403	559-675-7983	49 Sonoma Co Social Services Department	707-527-2715	707-565-5353
21	Marin Co Department of Health and Human Services	415-499-7056	415-499-6731	50 Stanislaus Co Department of Social Services	209-558-4822	209-558-2558
22	Mariposa Co Department of Human Services	209-966-3609	209-966-5943	51 Sutter Co Department of Human Services	530-822-7230	530-822-7212
23	Mendocino Co Department of Social Services	707-463-7760	707-463-5404	52 Tehama Co Department of Social Services	530-528-4081	530-527-5410
24	Merced Co Human Services Agency	209-385-3000	209-725-3583	53 Trinity Co Health and Human Services Dept	530-623-8236	530-623-1250
25	Modoc Co Department of Social Services	530-233-6501	530-233-6504	54 Tulare Co Department of Public Social Services	209-737-4660	559-737-4694
26	Mono Co Department of Social Services	760-932-7291	760-924-5431	55 Tuolumne Co Department of Social Services	209-533-5711	209-533-5714
27	Monterey Co Department of Social Services	805-755-4662	831-755-8408	56 Ventura Co Public Social Services Agency	805-652-7618	805-652-7845
28	Napa Co Health and Human Services	707-253-4697	707-253-4693	57 Yolo Co Department of Employment & Social Services	530-661-2750	530-661-2658
29	Nevada Co Adult and Family Services	530-265-7101	530-265-7062	58 Yuba Co Department of Social Services	530-749-6311	530-749-6281